

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

1120 South Bascom Ave.
San Jose, CA 95128

Beneficiary Designation Form

The purpose of this form is for you to designate (or change a previous designation) of your beneficiary under the following plans:

1. Sacramento Area Electrical Workers Health & Welfare Trust
2. Sacramento Area Electrical Workers Pension Trust

Any Death Benefits payable under the aforementioned plans will be made payable to the beneficiaries so designated.

PLEASE NOTE: If you are married and you have designated someone other than your spouse, the spousal consent portion on the reverse side must be completed and notarized before it will be accepted by the Trustees.

Name of Participant (Employee):

Last	First	Middle	Social Security Number
Street Address	City	State	Zip
Date of Birth	Local Union No.	City	State

Beneficiary Designations

Please print full name - Example: Mary A. Doe, not Mrs. John Doe
 Example of Contingent Beneficiaries is as follows: To my spouse, Mary A. Doe, if living; if not living, then to my surviving children, share and share alike.

1) Health & Welfare Trust	Last	First	Middle	Social Security Number
	Street	City	State	Zip
	Date of Birth	Relationship		

2) Pension Trust	Last	First	Middle	Social Security Number
	Street	City	State	Zip
	Date of Birth	Relationship		

- 1 a) Contingent Beneficiary
Health & Welfare Trust _____
- 2 a) Contingent Beneficiary
Pension Trust _____

I designate the Beneficiary or Beneficiaries on this form as my Beneficiary or Beneficiaries under the Plan named above.

Signature: _____

Dated at: _____ this _____ day of _____ 20_____

INSTRUCTIONS: Mail this form to the Plan's Administrative Office at the address shown above. These beneficiary designations shall take effect only when received by the Plan's Administrative Office.

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SPOUSAL CONSENT

I, _____, am the legal spouse of _____
(Spouse's name) (Participant's Name)

I hereby consent to my spouse's designation of _____
to receive any pre-retirement Death Benefits payable in the event of my spouse's death. I understand
that as a result of my consent, I will not receive benefits from the Retirement Plan if my spouse dies
before retiring. Any later change to the Designated Beneficiary (**check one**) _____ does - **OR** -
does not require my written consent.

Signature of Spouse

(This area for official notarial seal)

ACKNOWLEDGEMENT OF NOTARY

(Individual)

STATE OF _____ COUNTY OF _____

ON _____, 20_____, before me, the undersigned, a Notary Public in
and for said State, personally appeared _____ personally
known to me or proved to me on the basis of satisfactory evidence to be the person _____ whose
name _____ subscribed to the within instrument and acknowledged that
_____ executed the same.

WITNESS my hand and official seal.

Signature: _____